



DEPARTMENT OF THE ARMY
UNITED STATES ARMY GARRISON DARMSTADT
UNIT 29500
APO AE 09175-9500


IMEU-DAR-MWC

01 Aug 06

MEMORANDUM FOR SPONSORS AND PARENTS

SUBJECT: Free/Reduced Price Lunch Program (School Year 2006/2007)

1. Under the direction of the United States Department of Agriculture and the Department of Defense, the National Lunch School Program is offered to Department of Defense Schools (DoDDS) students. Students from families whose income meet the eligibility criteria will receive free and/or reduced price meals as the school cafeteria of their respective school. To apply for this program:
 - a. Complete and sign AE Form 352-1A (applications are accepted through out the year). If your income changes by \$50.00 a month or \$600.00 a year this must be reported to the Schools Liaison Officer through the CLEOS office.
 - b. Mail or bring a copy of the sponsor's current Leave and Earnings Statement (LES) and the spouses' LES and other income (i.e. Kindergeld, etc) along with a completed form to the CYS CLEOS office located in Bldg 4445, Rm 118 on Lincoln Village, Darmstadt.
2. The following apply to the program:
 - a. Free/Reduced Price lunch coupons are sold at the Post Exchange (PX) cashier's cage in the Darmstadt Shopping Center.
 - b. All redeemed coupons may be refunded by AAFES up to one month after the last day of school.
 - c. All lunch coupons MUST bear the name of the student receiving the meal.
 - d. Coupons may not be transferred from student to student.
 - e. Students may use only one free/reduced lunch coupon per day.
3. Instructions on filling out AE Form 352-1A
 - a. Fill in name, name of school, grade, name of parents, grade, SSN, total family, duty address, duty phone, years in service blocks.
 - b. Leave blank annual income of male and female parent and Total Family income.
 - c. Fill in date, address, and phone number and sign the form.
4. Any questions regarding this application or the program, please contact the CLEOS office or myself the undersigned at DSN 348-6304 or CIV 06151-69-6304.


CARRALEE M. WOOD
School Liaison Officer
USAG Darmstadt

CONFIDENTIAL APPLICATION FOR FREE AND REDUCED-PRICE MEALS AND FREE MILK (USAREUR Reg 352-1)		<input type="checkbox"/> Approved <input type="checkbox"/> Approved reduced <input type="checkbox"/> Denied	Date
Data Required by the Privacy Act of 1974			
<p>Authority: The National School Lunch Act (42 USC 1751) as amended by Public Law 91-248 (1970) and the Free and Reduced Price Meal Policy Statement of the Department of Defense.</p> <p>Principal Purpose(s): To determine eligibility for free or reduced price meals under the National School Lunch Program.</p> <p>Routine Uses: This form will be used solely for the principal purpose(s) described above. When there are additional students listed on the form who attend a different school than the one to which this form was submitted, copies of the approved request will be furnished the other schools, as appropriate, for proper inclusion of each child in the program.</p> <p>Mandatory or Voluntary Disclosure and Effect on Individual not providing Information: Voluntary, however, failure to complete this form properly may preclude consideration for eligibility in the free and reduced-price meal program.</p>			
Name of school application will be submitted to			
Application for free or reduced-price meals and free milk is for the following children:			
Name (Last, first, MI)	Name of school	Grade	
Name (Last, first, MI) of parent or guardian	Rank	SSN	Total number in family
Duty address	Duty phone		Years in service
Total family income before deductions: (Include wages of all working members, welfare payments, pension, social security, child support or alimony, housing allowance, and all other income).			
Annual income of male parent	Annual income of female parent	Total income of family	
\$ 	\$ 	\$ 	
<input type="checkbox"/> Foster child(ren) eligible for free or reduced-price meals (regardless of family income) (May be contacted for more information regarding foster child(ren) to determine eligibility)			
This application is being made in connection with the receipt of federal funds. School officials may for cause verify information in application. Deliberate misrepresentation of information may subject the applicant to prosecution under applicable state and federal criminal status.			
I certify that the above information is true and correct to the best of my knowledge and belief.			
Signature of parent or guardian		Date	
Address (Street, city, zip code)		Telephone number	
FOR OFFICIAL USE ONLY			
<input type="checkbox"/> APPROVED FREE <input type="checkbox"/> APPROVED REDUCED <input type="checkbox"/> DENIED (Provide reason for denial)		Signature of official reviewing application	

AE FORM 352-1A-R, MAR 91

All other editions are obsolete.

NOTIFICATION OF ACTION TAKEN - DETACH AND RETURN TO PARENT OR GUARDIAN AFTER COMPLETION

To the parent or guardian of

Your application for free or reduced-price meals is: ☐ Approved for ☐ Free Lunch ☐ A reduced-price meal

☐ Disapproved for the following reasons:

Signature of approving official

DETACHED FROM AE FORM 352-1A-R, MAR 91

If you disagree with this decision, discuss it with the community commander or designated representative.